

The Pharmacy Newsletter for Physicians



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Formulary Insulin Changes

On Tuesday, December 2nd, several inpatient Formulary insulin changes will be implemented:

- The rapid-acting insulin will change system-wide:
 - **insulin aspart (novoLOG) → insulin lispro (humaLOG).**
- The short-acting insulin will change at Royal Oak (consistent w/Troy & Grosse Pointe):
 - **insulin regular (novoLIN R) → insulin regular (humaLIN R)**
- The intermediate-acting insulin will change at Royal Oak (consistent w/Troy & Grosse Pointe)
 - **insulin isophane (novoLIN N) → insulin isophane (humaLIN N)**



Conversion will begin at approximately 1pm, as follows:

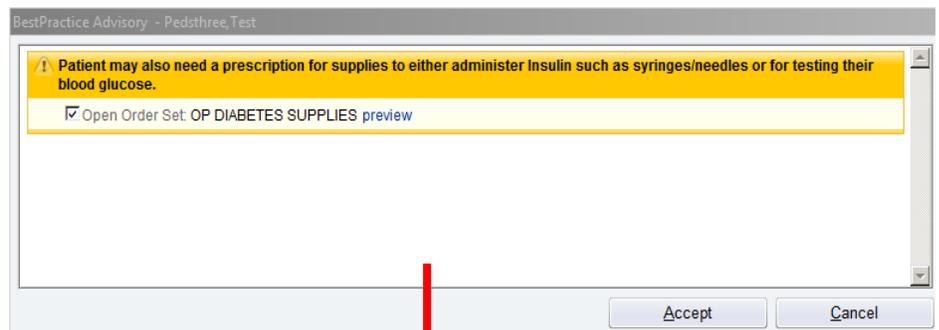
- Epic changes will be implemented, both on preference lists and within order sets.
- New orders for insulin aspart (& novoLIN brand of regular/isophane insulin) may no longer be entered.
- Existing orders for insulin aspart (& novoLIN brand of regular/isophane insulin) will be converted by Pharmacy beginning at 1pm. Conversion is expected to be completed that afternoon.

New Discharge Diabetic Supplies Epic Order Set

Effective Tuesday, December 2nd system-wide, when providers attempt to 'prescribe' any new insulin, or 'modify / refill' any existing insulin from home during the Discharge Med/Rec process, an on-screen prompt will facilitate prescribing diabetic supplies from the new "OP Diabetes Supplies" Epic order set (#1343), if needed.

Within the order set, providers may select supplies needed for blood glucose testing (i.e. meter, test strips, lancets, alcohol swabs) and/or for administering insulin (syringes, pen needles), and may also indicate quantity and refills. A printed prescription will result.

Supplies may also be accessed by typing, 'diabetic supplies' in the new order search field.



▼ OP DIABETES SUPPLIES [Manage My Version](#) ▼

▼ SYRINGES AND NEEDLES

▼ OP BLOOD GLUCOSE SUPPLIES FOR DISCHARGE

BLOOD GLUCOSE TESTING SUPPLIES

INSULIN SYRINGES

INSULIN PEN NEEDLES

Changes to Correction Insulin within “IP Adult Subcutaneous Insulin Order Set”

On Tuesday, December 2nd, changes will occur system-wide within Epic order set #798: “IP Adult Subcutaneous Insulin” that are in addition to replacing insulin aspart (novoLOG) with insulin lispro (humaLOG).

The format of the “Correction Insulin” group will be modified to be consistent with the existing format within the “Prandial (Bolus)” portion of the order set, and to better assist providers in selecting the appropriate correction insulin scale, frequency of administration and insulin type based on patient nutrition status.

Current Correction Insulin Format:

SCHEDULED (BASAL + PRANDIAL) subcutaneous insulin
Consider scheduled insulin and supplemental correction insulin for patients who are eating.
Reference Link: GENERAL CONSIDERATIONS FOR INITIATING SUBCUTANEOUS INSULIN

Basal

- glargine (LANTUS)
- NPH
- detemir (LEVEMIR)

Prandial (Bolus) - administer with correction insulin

- Eating by Mouth - aspart
- Continuous Tube Feeds - regular (preferred) or aspart
- Bolus Tube Feeds - regular (preferred) or aspart

CORRECTION INSULIN

- Do NOT change “Low, Medium, High Dose” Regimens; instead, use “Customized Dose”
- Glucose Meter Reading frequency must match CORRECTION INSULIN schedule.

- ASPART LOW DOSE (patients requiring < 40 units insulin/day)
- ASPART MEDIUM DOSE (patients requiring 40 - 80 units insulin/day)
- ASPART HIGH DOSE (patients requiring > 80 units insulin/day)
- ASPART CUSTOMIZED DOSE
- REGULAR LOW DOSE (patients requiring < 40 units insulin/day)
- REGULAR MEDIUM DOSE (patients requiring 40 - 80 units insulin/day)
- REGULAR HIGH DOSE (patients requiring > 80 units insulin/day)
- REGULAR CUSTOMIZED DOSE

Modified Correction Insulin Format (as of 12/2/2014):

SCHEDULED (BASAL + PRANDIAL) subcutaneous insulin
Consider scheduled insulin and supplemental correction insulin for patients who are eating.
Reference Link: GENERAL CONSIDERATIONS FOR INITIATING SUBCUTANEOUS INSULIN (BOLUS) DOSING

Basal

- glargine (LANTUS)
- NPH
- detemir (LEVEMIR)

Prandial (Bolus)

- Eating by Mouth - lispro (preferred)
- Continuous Tube Feeds - regular (preferred) or lispro
- Bolus Tube Feeds - regular (preferred) or lispro

CORRECTION INSULIN

- Do NOT change “Low, Medium, High Dose” Regimens; instead, use “Customized Dose”
- Glucose Meter Reading frequency must match CORRECTION INSULIN schedule.

- Eating by Mouth - lispro (preferred)
- NPO - lispro
- Continuous Tube Feeds/TPN - regular (preferred) or lispro
- Bolus Tube Feeds - regular (preferred) or lispro

Insulin Regular (Humulin R) IV Push for Hyperkalemia

On Tuesday, December 2nd, a Pharmacy-prepared “Insulin Regular Hyperkalemia Kit” will be implemented system-wide to help ensure safety of IV push insulin administration. Epic build will be implemented with programming defaults specific to regular insulin for hyperkalemia (10 units IV push x 1) and which is separate from build for SQ use for treatment of hyperglycemia.

“Insulin regular (HUMULIN R) injection HYPERKALEMIA” [ERX 807635] will be orderable from:

- Adult EC/IP prescriber preference lists
- “EC Hyperkalemia” Order Set (#758)
- “IP Hyperkalemia” Order Set (#1400) ****NEW****

For clinically-significant hyperkalemia where urgent treatment is needed, regular insulin (10 units IV push) acts rapidly to drive potassium into the intracellular space. It is frequently used with other agents such as calcium gluconate, sodium bicarbonate, and sodium polystyrene.

In safety literature, there are many reports of serious “wrong dose” regular insulin errors (100units = 1mL, or 1,000units = 10mL) when attempting to administer a standard IV push dose (10 units = 0.1mL), due to use of a non-insulin syringe to administer via the needleless IV line.

Each “Insulin Regular Hyperkalemia Kit” contains one insulin regular 100unit/mL, 3mL vial, an insulin syringe and a needleless port adapter. Upon drawing up the 10 unit dose using the insulin syringe (with “unit” markings), the nurse may then administer directly into the IV line, as the needleless port adapter provides a “hub” to inject through. Each kit is for single-use only.

